

FSA-1924-27

(04-24-97)

U.S. DEPARTMENT OF AGRICULTURE

Farm Service Agency

REQUEST FOR WAIVER OF BORROWER TRAINING REQUIREMENTS**See Page 2 for Privacy Act and Public Burden Statement.**

1. I request that the Farm Service Agency (FSA) grant a waiver from the requirements of the Borrower Training program as described in §1924.74 of 7 CFR Part 1924, Subpart B. This waiver should be granted based on the following: (Describe the courses and/or experience which you feel would qualify you for a waiver. Additional sheets may be attached if necessary.)

2. APPLICANT'S NAME AND ADDRESS (Including Zip Code)

3A. **RETURN TO:** COUNTY OFFICE'S NAME AND ADDRESS
(Including ZIP Code)

3B. TELEPHONE NUMBER (Include Area Code):

4A. SIGNATURE OF APPLICANT

4B. DATE (MM-DD-YYYY)

Attached is the documentation to support this request as required by this form.

The Agency may waive the financial and/or production training requirements under the following conditions:

- The applicant has successfully completed an equivalent training program. To meet this requirement, the applicant must submit evidence of completion of a production and/or financial management course similar to a course approved under the Borrower Training program. The submission must include a description of the content and subjects covered in the course(s) completed by the applicant or entity members. The submission must also include evidence of completion, such as a grade report, certificate of completion, or written certification by the course instructor. The Agency will review the documentation submitted by the applicant(s) for FSA assistance to determine whether the training completed satisfies the training requirements of the Borrower Training program; or
- The applicant has the experience and/or training which demonstrates the abilities necessary for successful, efficient production as determined by the Agency based on documentation provided by the applicant with the request for the waiver. This documentation must include, at a minimum, the applicant's production records for the past 5 years and a statement of justification prepared by the applicant explaining how the records demonstrate production ability.

The U.S. Department of Agriculture (USDA) prohibits discrimination in all its programs and activities on the basis of race, color, national origin, gender, religion, age, disability, political beliefs, sexual orientation, and marital or family status. (Not all prohibited bases apply to all programs.) Persons with disabilities who require alternative means for communication of program information (Braille, large print, audiotape, etc.) should contact USDA's TARGET Center at (202) 720-2600 (voice and TDD). To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, Room 326-W, Whitten Building, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 or call (202) 720-5964 (voice or TDD). USDA is an equal opportunity provider and employer.

NOTE: *The following statements are made in accordance with the Privacy Act of 1974 (5 U.S.C. 552(a)): The Farm Service Agency (FSA) is authorized by the Consolidated Farm and Rural Development Act, as amended (7 U.S.C. 1921 et seq.) or other Acts, and the regulations promulgated thereunder, to solicit the information requested on its application forms. The information requested is necessary for FSA to determine eligibility for credit or other financial assistance, service your loan, and conduct statistical analyses. Supplied information may be furnished to other Department of Agriculture agencies, the Internal Revenue Service, the Department of Justice or other law enforcement agencies, the Department of Defense, the Department of Housing and Urban Development, the Department of Labor, the United States Postal Service, or other Federal, State, or local agencies as required or permitted by law. In addition, information may be referred to interested parties under the Freedom of Information Act (FOIA), to financial consultants, advisors, lending institutions, packagers, agents, and private or commercial credit sources, to collection or servicing contractors, to credit reporting agencies, to private attorneys under contract with FSA or the Department of Justice, to business firms in the trade area that buy chattel or crops or sell them for commission, to Members of Congress or Congressional staff members, or to courts or adjudicative bodies. Disclosure of the information requested is voluntary. However, failure to disclose certain items of information requested, including your Social Security Number or Federal Tax Identification Number, may result in a delay in the processing of an application or its rejection.*

*According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0560-0154. The time required to complete this information collection is estimated to average 30 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. **RETURN THIS COMPLETED FORM TO YOUR COUNTY FSA OFFICE.***